IO23554

Bayer CropScience

December 19, 2011

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of November 2011

Dear Sir/Madam:

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

Reportable incidents accumulated for the month of November 2011 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Personal privacy information

-004

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. *12/19/11*	Contact person (if different than reporter)	Internal ID *879052*
	Address [redacted]		Address Phone #	
	Incident Status: *New*	Location and date of incident *Detroit, MI* *USA* *Chronic: >3 months*	Date registrant became aware of incident. *11/03/2011*	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-80*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Wilson, Lauren Nov 3 2011 4:02PM
Hx Caller states that she used product a few times 3 months ago. Does not recall an actual exposure to the product but 1 week after using product developed a rash to her legs, chest and arms. Tx with OTC hydrocortisone cream and Benadryl. Had no relief so went to her MD a few times and was given a steroid shot. Had no relief so went to Dermatologist a few times and put on prescriptions steroid cream. MD dx her with a rash due to spraying something. Caller is still symptomatic, but states that it is getting better.

A Will document incident. Have MD cb prn. We are here 24/7. Case # provided.
* * * * * * * * * * * * * * * * * *
LeMaster, Steve Nov 10 2011 1:15PM
notified

Demographic information: Age: *77 Year(s)* Sex: ***Female*** Occupation (if relevant) *NA*	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? *NO*	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: *NA*	Time between exposure and onset of symptoms: ***1 week or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: *NA* Amount of pesticide: *NA* Exposure duration: ***Chronic: >3 months*** Patient weight: ***Unknown***			
Human severity category: *HC*			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
879052

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. *12/19/11*	Contact person (if different than reporter)	Internal ID *888599*
	Address [redacted]		Address Phone #	
	Incident Status: *New*	Location and date of incident *Detroit, MI* *USA* *11/22/2011*	Date registrant became aware of incident. *11/22/2011*	Was incident part of larger study? *No*
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-80*	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) *Beta-Cyfluthrin, sodium o-phenylphenate*	A.I. (s)	A.I. (s)	
	Product 1 name *Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)*	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? *UNK*			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Karnes, Megan Nov 22 2011 2:01PM
CRC transfer. CRC states that consumer called on Nov 3rd and was transferred to us here at the medical line. Searched by name, and phone # back to July, but cannot locate record of this transfer/caller.

Caller states that she used the product 3 times in July. 1 week later, she developed an itchy rash on her arms, leg and chest. Caller states that she called and spoke with us in October, after seeing her dr. Her reg MD had given her a cortisone shot. She returned 2 wks later as the sxs had not resolved. She was referred to a dermatologist and put on triamcinolone, which she is on currently, but she states that this is not resolving her problem and the rash waxes and wanes. She is wondering what to do to get rid of her sxs. Caller believes that it was the product that caused her sxs.

We would not expect sxs of this severity or duration. It would be very unlikely that the product could cause a rash 1 week after the exposure. Rec continuing to work with your dr. Provided information regarding AIs.

B

Demographic information: Age: *77 Year(s)* Sex: ***Female*** Occupation (if relevant) *NA*	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? *No*	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? *NO*	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: *NA*	Time between exposure and onset of symptoms: ***1 week or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Dermatological-Pruritus (itching)*** ***Dermatological-Rash***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: *NA* Amount of pesticide: *NA* Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: *HC*			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID # *888599*